| MLC NOTICE OF PROPOSED TERMINATION  |                      | 1. DATE 日付                 |                             | 2. NOTICE NO. 通知番号 |                     |
|---|----------------------|----------------------------|-----------------------------|--------------------|---------------------|
| M L C 解雇予定通知書   |                      |                            |                             |                    |                     |
| 3. TO: (EMPLOYEE'S NAME) 宛: (従業員氏名)   |                      | 4. ORGANIZATIONAL UNIT 施設名 |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
| 5. JOB TITLE 職種   | 6. DATE EMPLOYED 雇用さ | れた日付                       | 7. TYPE OF EMPLOYMENT       | 雇用の種類              | 8. PASS NO. 身分証明書番号 |
|   |                      |                            |                             |                    |                     |
| 9. YOU ARE HEREBY NOTIFIED OF THE FOLLOWING PROPOSED NATURE OF TERMINATION ACTION: 次の通り予定された解雇措置について通知します。  |                      |                            |                             |                    |                     |
| 次の通りアたされた肿権拍自について通知しより。   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
| 10. REASONS FOR PROPOSED TERMINATION ACTION:  |                      |                            |                             |                    |                     |
| 予定された解雇措置の理由  |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
|   |                      |                            |                             |                    |                     |
| 11.  YOU MAY REPLY IN WRITING IN JAPANESE OR ENGLISH TO THE PROPOSED TERMINATION ACTION HEREIN. ANY REPLY SHOULD BE SUBMITTED  TO THE DFAB/DFAO WITHIN SEVEN (7) CALENDAR DAYS AFTER YOU RECEIVE THIS NOTICE. YOU MAY FURNISH WRITTEN |                      |                            |                             |                    |                     |
| EVIDENCE IN SUPPORT OF YOUR REPLY.  |                      |                            |                             |                    |                     |
| あなたはこの予定された解雇措置に対して、日本語または英語の文書をもって回答することができます。   |                      |                            |                             |                    |                     |
| 回答はあなたがこの通知書を受け取った後、7日以内に防衛施設局/防衛施設事務所に提出しなければなりません。<br>回答を支持する証拠書類を提出することができます。  |                      |                            |                             |                    |                     |
| 四百さ又行する血液音焼き促出することが、ことなり。   |                      |                            |                             |                    |                     |
| 12. TYPED NAME AND GRADE OF COR   | CORの氏名及び階級           |                            | 13. SIGNATURE OF COR        | CORの署名             | 3                   |
|   |                      |                            |                             |                    |                     |
| 1ST ENDORSEMENT <i>(FOR APPROPRIATE DFAB/DFAO)</i> 第一裏書 (当該防衛施設局/防衛施設事務所用)  |                      |                            |                             |                    |                     |
| 14. TO: <i>(EMPLOYEE'S NAME)</i> 宛: (名  | <b></b><br><b> </b>  |                            | (DFAB/DFAO)<br>当該防衛施設局/防衛施設 |                    | 16. DATE 日付         |
| 17. DATE OF RECEIPT BY EMPLOYEE   | 従業員が必須したロ            | 18 SIGNAT                  | URE AND HAN OF EMPLOY       | FF 従業員の            | 】<br>D要名及び控印        |
| DATE OF RECEIPT OF EMPEOTEE   | 従業員が受領した日            | .o. Sidival                | S.L. AND HAN OF LIVIPLOT    | 1に未貝の              | ᄼᇃᇻᄶᇇᆙᆉᅥ            |

- 1. Reference: Chapter 10.
- 2. General:
- a. This form will be used for all notices of proposed terminations of employment except those resulting from reductions in force, administrative remedial actions, and security discharge actions.
- b. Where upon review and evaluation of the report of the supervisor and any informal investigation, if conducted, the contracting officer's representative determines to initiate termination action against the employee, he/she will have this form prepared in English and Japanese. The original and signed copy of this notice will be forwarded to the DFAB/DFAO together with a copy of the supervisor's report and any report of investigation conducted. The original of the notice will be served on the employee by the DFAB/DFAO.
- 3. Entries in numbered blocks (self-explanatory blocks omitted):
- a. Block 2: Enter notice number in consecutive sequence.
- b. Block 3: Enter full name of employee, showing family name first.
- c. Block 4: Enter complete unit designation where employee is utilized.
- d. Block 5: Enter job title, basic wage table, and grade level as defined in the Job Definition Manual. For example: Clerk Typist, BWT 1-2.
- e. Block 7: Enter "Limited Term-Initial", "Seasonal", "Special Term", "Trial Period", or "Permanent".
- f. Block 10: State specifically and in detail any and all reasons for the proposed termination action to enable the employee to adequately join issue with the charges.